

COSC Risk Factors or Stressors and Preventive Measures or Leader Actions

| Combat | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| <p>Intense or Heavy Combat</p> <p>Under Attack and Unable to Strike Back</p> <p>Troops may feel helpless victims of pure chance</p> <p>Immobility -- during static, heavy fighting.</p> <p>Pinned down in bunkers, trenches, or ruins. Armored troops on restrictive terrain. Close quarters urban combat</p> | <ul style="list-style-type: none"> Consider coordinating a Unit Behavioral Health Needs Assessment Survey (UBHNAS) to assess behavioral health of unit at a scheduled point in the deployment cycle (midpoint, quarterly, etc). This will allow visibility of BH of unit as a whole, especially if compared to UBHNAS results prior to deployment. Allows the refinement of the unit COSC program to address relevant issues. Ensure that unit understands the rules of engagement (ROEs) and conduct expectations. Remind Soldiers of the intent to "return with honor". Conduct activities that allow continued bonding and development of unit cohesion and esprit de corps. Conduct rugged and realistic training. Train troops in active defense against these threats. Institute protective measures for trench, bunker, or urban warfare. Understand that stress in response to threatening or uncertain situations is normal. Convey this message to Soldiers. Normalize reactions. Recognize that battle duration and intensity increases the potential for COSR. Convey this message to Soldiers. Impart unit pride and identity. Consult with UMTs, BH Teams, and COSC Teams. Utilize these assets and resources. Encourage Soldiers to self refer. Consider conducting time driven Battlemind Psychological Debrief near mid point of deployment cycle. Utilize a unit peer support system to allow decompression of significant events and internal monitoring of individuals and sections. Foster a command climate that encourages seeking help for problems. |

| Environmental and Physical | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| Lengthy, ongoing deployments creating cumulative stress | <ul style="list-style-type: none"> • Conduct rugged and realistic training. • Ensure every effort is made to provide for Soldiers' health and welfare. • Promote regular and proper hygiene. • Provide Soldier's with appropriate equipment for weather related conditions. • Institute sleep management program. • Proper nutrition and hydration. • Initiate and support stress management program. • Develop and supervise safety policies and procedures. • Promote individual and unit physical training. • Consult with Preventive Medicine (PM) and Force Protection personnel. • Consult with BH and COSC teams. Encourage Soldiers to self refer. • Foster a command climate that encourages seeking help for problems. • Encourage use of "sick call" when physical symptoms are present. • Prohibit the use of self-medication; only use medication if prescribed and monitored by healthcare professionals. |
| Extreme temperatures | |
| Precipitation | |
| Austere conditions | |
| Sand and Wind Storms | |
| Poor air quality | |
| Dietary Changes | |
| Exposure to disease | |
| Crowded living conditions and lack of privacy | |
| Jet lag upon arrival | |
| Physical demands | |
| Fatigue producing events and activities | |

| Unit Casualties and Other Traumatic Events | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| <p>Soldiers in the unit being killed and wounded are the strongest indicator of “combat intensity”, and are usually accompanied by increased COSR.</p> <p>Heavy casualties naturally shake Soldiers' confidence in their own chance of survival.</p> <p>Loss of a leader or buddy is an emotional shock and threat.</p> | <ul style="list-style-type: none"> • Provide unit updates on status of injured or deceased Soldier (remains). Provide as much details known about family support issues and expected recovery of injured or delivery of remains of deceased. It is critical to inform the unit of both the known and unknown, with updates as appropriate so rumors and disinformation do not materialize. • Utilize unit peer support system to provide internal decompression of PTE or casualty. • Recognize that grief responses are expected. • Encourage Soldiers to talk about their grief and loss. • Conduct Traumatic Event Management (TEM) assessment utilizing UMTs, COSC teams and BH assets to provide the appropriate level of supportive services. • If TEM assessment warrants, consider event driven Battlemind Psychological Debrief. • Memorial services. • Promote confidence in military health care systems. |

| New Soldier Integration | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| <p>Un-established trust and cohesion</p> <p>Replacements might have limited experience</p> <p>New Soldier feeling like an “outsider”</p> <p>Difficult transition (for personal reasons or as the result of a group dynamic)</p> | <ul style="list-style-type: none"> • Foster unit cohesion and integration of all Soldiers equally to enhance esprit de corps and bonding of peer groups. • Impart unit pride and identity. • Ensure that new arrivals are welcomed into the unit, helping them to become known and trusted. • Assign sponsor to new Soldier. • Encourage experienced unit members to teach, coach, and mentor. • Ensure new unit member understands their job and is properly trained. • Team building activities, such as unit PT or small group activity. • Encourage unit focused social interaction. • Consult UMTs, BH Teams, and COSC Teams for soldier integration concerns. |

| Sleep Deprivation | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| Timing of Sleep Period | <ul style="list-style-type: none"> • Because of the body’s natural rhythms, the best quality and longest duration sleep is obtained during nighttime hours (~2300-0600) • These rhythms also make daytime sleep more difficult and less restorative, even in sleep deprived Soldiers • Advancing sleep times (e.g., earlier in the evening) impairs the ability to fall and stay asleep. This is why eastward travel across time zones initially produces greater deficits in alertness and performance than westward travel |
| Duration of Sleep Period | <ul style="list-style-type: none"> • IDEAL = 7 to 8 hours of continuous, uninterrupted nighttime sleep each and every night • There is no “MINIMUM” sleep requirement – anything less than 7-8 hours per 24 hours will result in some level of performance degradation |

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| Napping | <ul style="list-style-type: none"> • Although it is not ideal to do so, sleep can be divided into two or more shorter periods to help the soldier obtain 7-8 hours per 24 hours. Example: 0100-0600 plus nap 1300-1500 • Good nap zones (when sleep onset and maintenance is easiest) occur in early morning, early afternoon, and nighttime hours • Poor nap zones (when sleep initiation and maintenance is difficult) occur late morning and early evening hours, when the body's rhythms most strongly promote alertness • Sleep and "rest" are not the same. "Resting" does not restore performance but it may briefly improve the way the Soldier feels • "Sleep inertia" (degraded alertness/performance lasting 10-20 minutes) immediately upon awakening is normal. • Long-term benefits of sleep generally far outweigh short term deficits resulting from sleep inertia • There is no such thing as "too much sleep" – mental performance and alertness always benefit from sleep • Napping and sleep are not signs of laziness or weakness. They are indicative of foresight, planning, and effective human resource management. |
| Prioritize Sleep Need by Task | <ul style="list-style-type: none"> • Top priority = Leaders making decisions critical to mission success and unit survival. Adequate sleep enhances both the speed and accuracy of decision-making. • Second priority = Soldiers who have guard duty, who are required to perform tedious tasks such as monitoring equipment for extended periods, and those who judge and evaluate information • Third priority = Soldiers performing duties involving only physical work. |
| Individual Differences | <ul style="list-style-type: none"> • Most Soldiers need 7-8 hours sleep every 24 hours to maintain optimal performance • Most Leaders and Soldiers underestimate their own total daily sleep need, and fail to recognize the effects that chronic sleep loss has on their own performance • BEST: Allocate sleep by task priority with those performing mental work such as problem solving and decision-making afforded the greatest amounts of time for sleep |

| Perceived Threat or Actual Use of CBRNE | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| Invisible, pervasive nature of many of these weapons creates a high degree of uncertainty and ambiguity with fertile opportunity for false alarms, rumors, and maladaptive stress reactions. | <ul style="list-style-type: none"> • Conduct rugged and realistic training. • Prepare Soldiers for CBRNE threat contingencies. |

| Loss of Confidence, Lack of Cohesion, Decreased Morale | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| <p>Lack of Information and Failure of Expected Support</p> <p>Lack of Confidence in Leaders</p> <p>Lack of Confidence in Training</p> <p>Lack of Confidence in Unit</p> <p>Lack of Confidence in Equipment</p> | <ul style="list-style-type: none"> • Conduct rugged and realistic training. • Effective communications; provide upward, downward, and lateral information. • Plan operations carefully and thoroughly. • Commit unit to missions commensurate with training, experience, and capabilities. • Demonstrate effective leadership to earn the confidence, loyalty, and trust of subordinates. • Be decisive and assertive. • Leaders must make expectations clear. • Impart unit pride. • Encourage Soldiers to identify meaning and purpose in relation to their service and mission. • Let every Soldier know that they are valued and appreciated. • Emphasize to every Soldier that their contributions are invaluable. • Demonstrate and promote the Army Values and the Warrior Ethos. • Keep Soldiers productive (when not resting) through recreational activities, equipment maintenance, and training to preserve perishable skills. • Initiate and support stress management and unit COSC programs. |

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| | <ul style="list-style-type: none"> • Understand that stress in response to threatening or uncertain situations is normal. Convey this message to Soldiers. Normalize reactions. • Instill confidence in each Soldier, his equipment, unit, and leadership. • Consult with UMTs, BH Teams, and COSC Teams. Encourage Soldiers to self refer. • Foster a command climate that encourages seeking help for problems. • A unit builds confidence, esprit, integrity and cohesion when the leaders know their jobs. |
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| Adjustment and Transitional Issues (Pre Deployment) | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| Pre-Deployment Lack of information Limited time for addressing personal issues Anxiety and concern regarding upcoming family separation Anxiety and concern regarding family functioning during deployment Inter-personal and relationship difficulty Children may act out / misbehave | Pre-Deployment <ul style="list-style-type: none"> • Consider coordinating a Unit Behavioral Health Needs Assessment Survey (UBHNAS) to assess behavioral health of unit prior to entering operational environment. Will also aid in the development and execution of the unit Combat and Operational Stress Control Program. • Ensure that unit understands the rules of engagement (ROEs) and conduct expectations. Remind Soldiers of the intent to “return with honor”. • Prioritize family readiness as a function unit readiness. • Command involvement and support for families before deployment. • Articulate readiness goals and the vision for family readiness. • Establish a functioning, command endorsed, and funded FRG program. • Provide information about the mission. • Effective communication; provide upward, downward, and lateral information. • Single soldiers without children are often under recognized as an at risk population. However, all Soldiers are at risk for developing adjustment and transitional problems. • Utilize all deployment cycle support programs available at home station. |

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| | <ul style="list-style-type: none"> • Develop a unit peer support group. • Conduct exercises specifically to enhance unit bonding, cohesion and esprit de corps, involve family members and significant others as much as possible. • Pre-deployment briefings and education for Soldiers, spouses, and family members. • Additional briefings with small groups of Soldiers. • Allow as much time as possible for Soldiers to address personal and family readiness issues (pre-deployment preparation). • Discuss the plan for linking Soldiers and family members to available resources. • Utilize garrison UMTs and BH assets to assist the individual, family, and unit with pre-deployment concerns. • Military OneSource is able to coordinate counseling services for Soldiers and families who need assistance with deployment related issues. http://www.militaryonesource.com • Foster a command climate that encourages seeking help for problems. • Utilize Battlemind Training System modules. |
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| Adjustment and Transitional Issues (Post Deployment) | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| <p>Post-Deployment</p> <p>Re-integration problems</p> <p>Reunion problems Interpersonal and relationship difficulty Children may act out / misbehave</p> | <p>Post-Deployment</p> <ul style="list-style-type: none"> Consider coordinating a Unit Behavioral Health Needs Assessment Survey (UBHNAS) to assess unit needs and refine support services provided. Re-integration and reunion briefings for Soldiers and families prior to arrival home. Re-integration and reunion activities for Soldiers and families upon return home. To the maximum extent possible, Commanders are advised to allow time (through half work days) for returning Soldiers to “decompress” from their battlefield experience. Utilize all deployment cycle support programs available at the home station. Utilize Battlemind Training System modules. Utilize garrison UMTs and BH assets to assist the individual, family, and unit with post-deployment concerns. Promote use of Military OneSource. Military OneSource is able to coordinate counseling services for Soldiers and families who need assistance with deployment related issues. http://www.militaryonesource.com Block leave is encouraged. A PCS move soon after redeployment is not recommended. Conduct BM Post Deployment Psychological Debrief. |

| Home Front Issues | |
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| RISK FACTOR OR STRESSOR | PREVENTIVE MEASURE OR LEADER ACTION |
| <p>Worrying about what is happening back home distracts Soldiers from focusing their psychological defenses on combat stressors. It creates internal conflict over performing their combat duty and resolving the uncertainties and issues at home.</p> <p>The home front problem may be a negative one—marital or financial problems, illness, uncertainty, job security (if a reservist); or it may be something positive—newly married, new baby.</p> <p>All Soldiers face greater potential problems and uncertainties with personal matters if the military conflict is not popular at home.</p> | <ul style="list-style-type: none"> • Family readiness is a critical component of unit readiness. • Help Soldiers to prepare themselves and their families for the disruption and stress associated with deployment. • Encourage families to maximize their resources and supports during all phases of the deployment cycle. <ul style="list-style-type: none"> ○ Family Readiness Groups (FRG) ○ Army Family Team Building(AFTB) ○ Army Community and Family Support Group (AFSG) ○ American Red Cross ○ Army Emergency Relief (AER) ○ Military OneSource ○ Chaplains and BH assets • Involvement of Rear Detachment. • Regular updates to the home front from the deployed unit. Adopt comprehensive communication plan that may include unit newsletter or unit website. • Coordinate with postal support unit for incoming and outgoing mail and packages. • Provide access to phone and computers. • Consult with UMTs, BH Teams, and COSC Teams. Encourage Soldiers to self refer. |